

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>		<i>5/20/99</i>
O.I.P.E. CLASSIFIER		<i>12/</i>	<i>5/26</i>
FORMALITY REVIEW		<i>61001</i>	<i>6/7 7/7</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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41	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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